FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPI	RUVAL						
OMB Number: 3235–0076							
Expires: May 3	1,2002						
Estimated average							
hours per respons	se 1.00						
,							

SEC USE ONLY								
Prefix Serial								
DATÉ RECEIVED								

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Warrant to purchase Series A Preferred Stock, the Series A Preferred Stock issuable upon exercise of the Warrant, and the
Common Stock issuable upon conversion of the Series A Preferred Stock; Series A Preferred Stock and the Common Stock issuable upon conversion of the Series A Preferred Stock.
issuable upon conversion of the Series A Freierred Stock.
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Zia Laser, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
801 University Blvd. SE, Suite 105, Albuquerque, NM 87106 (505) 243-3070
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)  Same as above
Same as above
Brief Description of Business
Type of Business Organization PROCECCED
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust limited partnership, to be formed
Month Year PES 2 U 2002
Actual or Estimated Date of Incorporation or Organization:    0 5    Actual Estimated  Estimated  Output  Description:  Output  Description:
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)  D E

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



<ul><li>Enter the information rec</li><li>Each promoter of the</li></ul>		owing: er has been organized with	in the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the po			ition of, 10% or	more of a class of equity
securities of the issu					
<ul> <li>Each executive offi</li> <li>Each general and m</li> </ul>		corporate issuers and of co	rporate general and manag	ging partners of pa	mership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lester, Luke	,				
Business or Residence Addres 8409 Manuel Cia I					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Varangis, Petros					•
Business or Residence Addre		eet, City, State, Zip Code) Blvd. SE, Suite 105, Albud			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	(leubividual)				ivialiaging 1 artifer
Stintz, Andreas	i matviduai)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
4704 Hannet Ave.,					,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Newell, Timothy	findividual)				
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
623 Valencia NE, A	,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	<u> </u>			
Malloy, Kevin					
Business or Residence Address c/o Zia Laser, Inc.		eet, City, State, Zip Code) Slvd. SE, Suite 105, Albuq			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Gray, Allen	individual)				
Business or Residence Address	es (Number and Str	eet City State 7in Code)		<del></del>	
		slvd. SE, Suite 105, Albuq			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		<del></del>	<del></del>	
Baumel, William	•				
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
c/o RWI Group; 8	35 Page Mill Road	d, Palo Alto CA 94304			
	(Use blank	sheet, or copy and use add	itional copies of this sheet,	, as necessary.)	

A. BASIC IDENTIFICATION DATA

22920/00600/DOCS/1227532.1

		A. BASIC IDENT	FICATION DATA					
2. Enter the information red								
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
Each general and m								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if Seifert, William M								
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)						
		wder Brook Dr., Suite 25		0				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Brennan, Thoma	s							
Business or Residence Address	•							
c/o Zia Laser, Inc.	801 University I	Blvd. SE, Suite 105, Albud	querque, NM 87106					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if Swedick, Wendy	individual)							
·	01 1 10							
Business or Residence Addres c/o Zia Laser, Inc.	•	eet, City, State, Zip Code) Blvd. SE, Suite 105, Albud						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)	······································					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)	<del></del>					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)						
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	( USC VIAILY	univers on copy and use add	monar copies of tills sifeet,	as necessary.				

					B. INFOR	RMATION	ABOUT C	<u>FFERING</u>					
1. Has	the issuer	sold, or do	es the issu	uer intend	to sell, to n	on-accredit	ted investors	s in this offe	ring?			Yes	No
								iling under l	-		***********		
2. Wh	at is the mi	nimum inv	estment t		-	-	· ·	•			\$		
3. Doe	es the offer	ing permit	joint own	ership of a	single uni	t?	•••••					Yes	No
com a pe state	nmission or erson to be es, list the	similar re listed is a name of the	muneratio n associate he broker	n for soliced person or dealer.	itation of portion of portion of agent of If more t	ourchasers i f a broker o han five (5	n connection dealer reg	on with sales sistered with to be listed a	of securitie	or indirect s in the offe id/or with a d persons of	ring. If state or		
Full Nan	ne (Last na	me first, if	individua	1)									
Business	or Resider	nce Addres	ss (Numbe	r and Stree	et, City, Sta	ate, Zip Coo	de)					•	
Name of	Associated	l Broker o	Dealer	<u> </u>									
						licit Purcha							
(Checl	k "All State	es" or chec	k individu	ial States)	•••••		•••••			•••••	•••••		States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	]
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Business	or Resider	nce Addres	s (Numbe	r and Stree	et, City, Sta	ate, Zip Coo	ie)	<del> </del>					
Name of	Associated	l Broker o	Dealer									· · · · · ·	····
						licit Purcha						Ali	States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	-
[RI]	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	-
Full Nan	ne (Last na	me first, if	individua	1)									
Business	or Resider	nce Addres	s (Numbe	r and Stree	et, City, Sta	ate, Zip Coo	le)			<del></del>			
Name of	Associated	l Broker or	Dealer	<u> </u>								· •••	
States in	Which Per	son Listed	Has Solic	ited or Int	ends to So	licit Purcha	sers						<del></del>
				_						······································		_	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	_
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	] .
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[ W I ]	[WY]	[PR	]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		gregate ering Price		Amount Already Sold
	Debt	\$			\$
	Equity	s	50,000	_	\$50,000
	☐ Common ☐ Preferred Warrant to purchase Series A Preferred Stock, the Series A Preferred Stock issuable upon exercise of the Warrant, and the Common Stock issuable upon conversion of the Series A Preferred Stock; Series A Preferred Stock and the Common Stock issuable upon conversion of the Series A Preferred Stock.			_	
	Convertible Securities (including warrants)	\$ <u>10</u>	0,000*		\$100,000*
	Partnership Interests	\$			\$
	Other (Specify)	\$		_	\$
	Total	\$15	0,000*		\$150,000*
	Answer also in Appendix, Column 3, if filing under ULOE.			_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			umber vestors		Dollar Amount of Purchases
	Accredited Investors	3			\$150,000
	Non-accredited Investors	0			\$0
	Total (for filings under Rule 504 only)	0			\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		· · · · · · · · · · · · · · · · · · ·		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		rpe of curity		Dollar Amount Sold
	Rule 505	N/A	<u>.                                    </u>		\$N/A
	Regulation A	N/A	· · · · · · · · · · · · · · · · · · ·		\$N/A
	Rule 504	N/A			\$N/A
	Total	N/A	\.	_	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		. [		\$
	Printing and Engraving Costs			]	\$
	Legal Fees.	•••••	Σ	3	\$To be determined
	Accounting Fees	••••		]	\$
	Engineering Fees		Γ	<u></u>	\$
	Sales Commissions (specify finder's fees separately)		_	- 1	\$
	Other Expenses (identify)		_	_ ¬	\$
	Total		<u> </u>	_ a	\$To be
	*Assumes exercise in full of the Warrant covered by this form		۷		determined

22920/00600/DOCS/1227532.1

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	ND USE (	OF PROCEEDS	3
Qι	estion 1 and total expenses furnished in r	gate offering price given in response to Part C esponse to Part C - Question 4.a. This differer	ice is the		\$ 150,000
us esi	ed for each of the purposes shown. If t imate and check the box to the left of the	gross proceeds to the issuer used or propose he amount for any purpose is not known, fur estimate. The total of the payments listed mu forth in response to Part C - Question 4.b. abo	nish an st equal		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□ \$	·	<b>\$</b>
	Purchase of real estate		_		
	Purchase, rental or leasing and installat	ion of machinery and equipment		·	□ \$
	Construction or leasing of plant building	gs and facilities			s
	offering that may be used in exchange	g the value of securities involved in this for the assets or securities of another	s		\$
	Repayment of indebtedness		<b>\$</b>		<u> </u>
	Working capital		□ \$		<b>⊠</b> \$ <u>150,000</u>
	Other (specify):				
			<b>\$</b> _		<b>\$</b>
			<b>\$</b>		<b>⊠</b> \$150,000
	Total Payments Listed (column totals a	dded)			\$150,000
		D. FEDERAL SIGNATURE			
ollowi	ng signature constitutes an undertaking by	gned by the undersigned duly authorized person the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	l Exchange	e Commission, i	i under Rule 505, the upon written request of
ssuer (	Print or Type)	Signature / '/	Da	ite	
Zia La:	er, Inc.	1 / xnecleck	De	cember 20 , :	2001
Vame o	r Signer (Print or Type)	Title of Signer (Print or Type)	•		
	Swedick	Chief Financial Officer			

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)